

Poricy Park Conservancy - 2012 Summer Camp Medical Form

Child's Name: _____ Birth Date _____

Parent(s)/Guardian's Name _____

Address _____

Town _____ State _____ Zip code _____

Phone (daytime) _____ (evening) _____

(Emergency #) _____ (Cell Phone) _____

Email address: _____

Physician's Name _____ Physician's Phone # _____

Physician's Address _____ Date of most recent physical _____

Does your child have any health concerns: Yes ___ No___ (if yes, please explain below)

Is your child receiving medical treatment? Yes ___ No___

(if yes, will your child be taking their medication during camp? Separate medication form needed.)

Does your child currently take any prescription drugs? Yes___ No___ (if yes, please explain)

Is your child current on all required immunizations? (if no, please explain below)

List allergies or reactions to any medicine, food, plant, animal or insects:

Note any condition or physical disabilities that may require special care, restrictions, or medication, etc.

Emergency Contact (In the event of an emergency, if a parent/guardian cannot be reached, the following person is authorized to act on behalf of the parents.)

Name _____ Relationship _____

Address _____

Phone #(daytime) _____ Cell Phone # _____

Parent/Guardian's Authorization

To the best of my knowledge, this medical history is correct and complete. I know of no reason to restrict his/her activity and give my permission for my child to participate in all activities except as specifically noted herein. In the event neither parent nor designated emergency contact can be reached in an EMERGENCY, I hereby give permission to the physician selected by the Program Director to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child. I understand every effort will be made to contact the parent/guardian and/or the emergency contact and family physician listed above.

Parent/Guardian Signature _____ Date _____

P.O. Box 36 • Oak Hill Road • Middletown, NJ 07748

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